

FORM LM-30

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

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1 File Number U <input type="text"/> 12407	2 Fiscal Year Covered From <input type="text"/> 1 / <input type="text"/> 1 / <input type="text"/> 2004 Through <input type="text"/> 12 / <input type="text"/> 31 / <input type="text"/> 2004
3 Name and address of person filing Name <input type="text"/> Lionel <input type="text"/> L Wild P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> 15323 Parwood City <input type="text"/> Baton Rouge State <input type="text"/> Louisiana ZIP Code + 4 <input type="text"/> 70816	4 Name file number and address of labor organization Name <input type="text"/> Millwright Local 720 Labor Organization File Number <input type="text"/> 045 580 P O Box Building and Room Number if any <input type="text"/> Street <input type="text"/> 1975 Wooddale Ct City <input type="text"/> Baton Rouge State <input type="text"/> Louisiana ZIP Code + 4 <input type="text"/> 70806
5 Position in labor organization <input type="text"/> Treasurer	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name <input type="text"/> N/A Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7 a Nature of Interest Transaction or Income <input type="text"/> N/A 7 b Amount <input type="text"/> \$0

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

Lionel L Wild

On

8-11-05

Date

225-279-4332

Telephone Number

Name of Person Filing **Lionel Wild**File Number **U**

B Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)Name **Carpenters Local 1098 Fund**

Trade Name if any

P O Box Bldg Room No if any

Street **8875 Greenwell Springs Rd**City **Baton Rouge**State **Louisiana** ZIP Code + 4 **70814****9 Business deals with**☒ **a Labor Organization**☐ **b Trust**☐ **c Employer****10 If 9 b or 9 c is checked give trust or employer's name**Name **N/A**

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing**The Union is a Co Sponsor of the Pension Fund****11 b Approximate dollar value of such dealing****\$1 535 720****12 a Nature of interest held or income received****Previously Reported on LM-30 Labor Organization
File Number 045 580****12 b Amount****\$3 724**

C Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value

**13 a Name and address of Employer or Labor Relations Consultant
(including trade name if any)**Name **N/A**

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment**N/A****13 b Is the Business an Employer** ☐ **or Consultant** ☐ **?****14 b Amount of payment****\$0**